

Docket Number OP/4-32679A

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Address to: MS: Patent Application Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted berewith for filing under 37 CFR &1 53(h) is the utility patent application of

Hansiiii	ted Herewith 101	illing under 37 CFR § 1.33(b) is the utility patent applicant)					
Applican	t (or identifier):	CAMPOCHIARO ET AL.						
Title:		METHOD FOR DELIVERING DRUGS TO THE RETINA						
Enclosed	d are:							
1. \(\sum_{2} \) 2. \(\sum_{3} \) 4. \(\sum_{5} \) 6. \(\sum_{6} \)	Specification (Including Claims and Abstract) - 23 pages Drawings - sheets Executed Declaration and Power of Attorney (original or copy) Microfiche Computer Program (appendix) Nucleotide and/or Amino Acid Sequence Submission Computer Readable Copy Paper Copy Statement Verifying Identity of Above Copies Preliminary Amendment							
7.	English Transl- Information Dis Certified Copy Return Receip	sclosure Statement of Priority Document(s)						
Filing fee	e calculation:							
	Before calculating the filing fee, please enter the enclosed Preliminary Amendmen Before calculating the filing fee, please cancel claims .							
Basic Fi	ling Fee		\$	7				

Basic Filing Fee									\$ 750
Multiple Dependent Claim Fee (\$ 280)									\$
Foreign Language Surcharge (\$ 900)									\$
	For	Number Filed		Number Extra			Rate		
Extra Claims	Total Claims	19	-20		x	\$	18	=	\$ 0
	Independent Claims	2	-3		×	\$	84	=	\$ 0
TOTAL FILING FEE									\$ 750

Please charge Deposit Account No. 19-0134 in the name of Novartis in the amount of \$750. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-0134 in the name of Novartis.





Please address all correspondence to the address associated with Customer No. 001095, which is currently:

Thomas Hoxie Novartis Corporate Intellectual Property One Health Plaza, Building 430 East Hanover, NJ 07936-1080

Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to (973) 781-8064.

Respectfully submitted,

Date: September 16, 2003

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